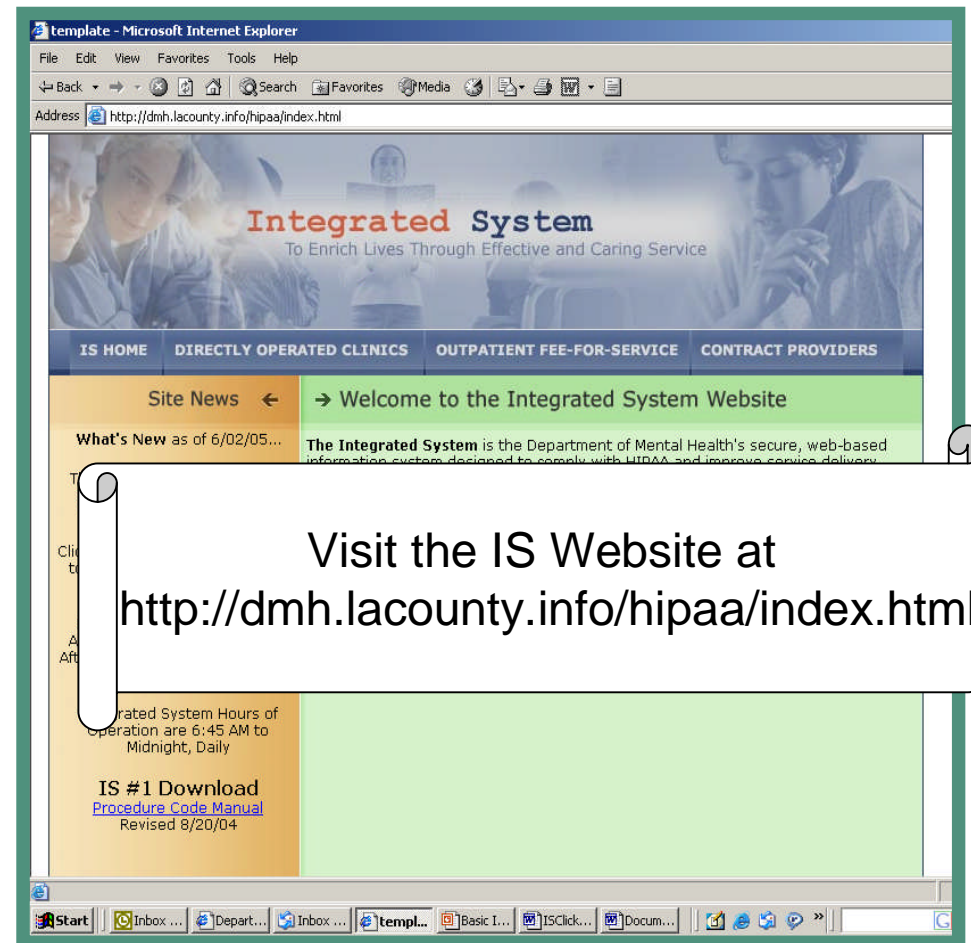


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan, Payer (s) and Detail Adjustments
11. Void and Replace a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee:
<https://dmhisintra.co.la.ca.us>
- As a DMH Contracted Provider:
<http://dmh.lacounty.info/hippa/index.html>
- The Home Page
- How to Set Provider Context

Note:

- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to...

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g.
password.0104

4. Click

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx`. The page header includes the Los Angeles County logo and navigation tabs for Home, Clinical, and Administration. The main content area is titled "Sign In" and contains a "User ID:" field with the text "sazariah" and a "Password:" field with masked characters. Below the fields is a disclaimer about computer system monitoring. A "Sign In" button is located at the bottom right of the form area. Four numbered callouts provide instructions: 1. Points to the address bar, 2. Points to the User ID field, 3. Points to the Password field, and 4. Points to the Sign In button.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Sign In

User ID:

Password:

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

Log In with a SecurID Card

The screenshot shows a web browser window displaying the 'Integrated System' website. The address bar shows 'http://dmh.lacounty.info/hipaa/index.html'. The website has a header with the title 'Integrated System' and the tagline 'To Enrich Lives Through Effective and Caring Service'. Below the header is a navigation bar with links: 'IS HOME', 'DIRECTLY OPERATED CLINICS', 'OUTPATIENT FEE-FOR-SERVICE', and 'CONTRACT PROVIDERS'. The main content area is divided into two columns. The left column contains 'Site News' and 'What's New as of 6/02/05...', including a deadline extension for May data to June 8, 2005, and a help desk contact. The right column contains a 'Welcome to the Integrated System Website' message, a 'This Week on the Integrated System' section with news bulletins, and a 'Click the banner at the top of this screen to access the IS with your SecurID Card.' instruction. Two callout boxes are present: one pointing to the 'CONTRACT PROVIDERS' link with the instruction '1. If you are a DMH Contracted Provider, go to', and another pointing to the SecurID card instruction with the instruction '2. Click to go to the RSA SecurID logon screen and follow procedures'.

1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Default.aspx`. The page header includes the **Los Angeles COUNTY** logo and the text **DEPARTMENT OF MENTAL HEALTH**. A navigation bar contains links for **Home**, **Clinical**, **Administrative**, **Plan**, and **CIOB**. Below the header, a red banner is visible. The main content area is titled **Home** and features a sidebar with an **Options** menu and a **Notices** section. The **Options** menu lists: **DMH Privacy Policy**, **Find Client**, **Reports**, **Change Password**, and **Log Out**. The **Notices** section states "No notices found." A callout box points to the **Options** menu, stating: "These options will change as you move through the IS". Another callout box points to the **Notices** section, stating: "In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe." A third callout box points to a red question mark icon in the top right corner, stating: "Don't forget to use the help function when using the IS".

Address <https://dmhisintra.co.la.ca.us/Home/Default.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Home

Options

- DMH Privacy Policy
- Find Client
- Reports
- Change Password
- Log Out

Notices

No notices found.

These options will change as you move through the IS

In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

Don't forget to use the help function when using the IS

How to Set Provider Context

The screenshot shows a web browser window with the address `https://testdmhisintra.co.la.ca.us/ClinicalWeb/ProviderSelection.aspx`. The page header includes the Los Angeles County logo and the text "DEPARTMENT OF MENTAL HEALTH". Navigation tabs for "Home", "Clinical", and "Administrative" are visible, with "Clinical" being the active tab. The main heading is "Provider Selection". Below this, there are two dropdown menus: "Billing Provider" and "Service Location". The "Billing Provider" dropdown is currently set to "1904-ANTELOPE VALLEY MHS", and the "Service Location" dropdown is set to "1904A-ANTELOPE". At the bottom of the form is a "Submit" button. A blue link at the bottom left reads "Use previous Provider ID".

1. Click to get started

2. Your provider information will automatically appear here

3. Select your service location/reporting unit from the drop down list

4. Click

[Use previous Provider ID](#)

Submit

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

The screenshot displays two screenshots of the Los Angeles County Department of Mental Health web application. The top screenshot is the 'Find Client' page, and the bottom screenshot is the 'Client List' page. Both pages have a navigation bar with 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB' tabs. The 'Find Client' page has a search form with options to search by ID or custom criteria. The 'Client List' page shows a table of clients with columns for DMHID, Client Name, Phone, Primary Contact, Primary Language, UMDAP Date, and SFPR. Callouts provide instructions on how to use the application.

Find Client

Options:

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

Search by ID:

Type: ID:

Search by Custom Criteria:

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Client List

DMHID	Client Name	Phone	Primary Contact	Primary Language	UMDAP Date	SFPR
1904-ANTELOPE V:1904A-ANTEI	Tester,ExampleBill	(213) 121-1212	ARROYO-012493	01-English		i
	Tester,ExampleBoni	(121) 121-1212	COON-E494287	01-English		i
	Tester,ExampleJom	(213) 121-1212	ARROYO-012493	01-English		i
	Tester,ExampleLanr	(213) 454-1212	COON-E494287	01-English		i

Callouts:

- Click
- Click to sort list
- Click DMH ID # to view client information
- Select the field to filter by
- Enter information
- Click

Find a Client: Using Search by ID

The screenshot shows the 'Find Client' interface of the Los Angeles County Department of Mental Health. The page has a header with the department name and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. Below the header is a breadcrumb trail: 7100-SFV CMHC CENTE:7100A-SFV CMHC and a user name jgarciaabagues. The main content area is titled 'Find Client' and contains a search form. On the left, there is a sidebar with a 'Client Case' section and a 'Filter Clients' section. The search form includes a 'Search by ID' radio button, a 'Type' dropdown menu, an 'ID' text field, and several other input fields for client information. The form is annotated with five numbered callouts: 1. Click (pointing to the 'Find Client' link in the sidebar), 2. Select (pointing to the 'Search by ID' radio button), 3. Select (pointing to the 'DMH' option in the 'Type' dropdown menu), 4. Enter the 7 digit DMH ID (pointing to the 'ID' text field), and 5. Click (pointing to the 'Search' button at the bottom right).

Address: <https://traindm>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Find Client

Options

☒ Search by ID.

Type: DMH ID: 0000000

☐ Search by

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Client Case

Options

Return

Change Provider

Client CaseLoad

Client List

Daily Log

Client List

Filter Clients

Filter By:

First Name

For:

Search

Search **Clear**

1. Click

2. Select

3. Select

4. Enter the 7 digit DMH ID

5. Click

Find a Client: Using Search by Custom Criteria

The screenshot shows a web application for the Los Angeles County Department of Mental Health. The interface includes a top navigation bar with tabs for Home, Clinical, Administrative, Plan, and CIOB. Below this is a blue header bar displaying the user's location (7100-SFV CMHC) and name (jgarciaabagues). The main content area is titled 'Find a Client' and features a sidebar with 'Options' such as Return, Change Provider, Client CaseLoad, Client List, Daily Log, and Manage Groups. The search section has two radio buttons: 'Search by ID.' and 'Search by Custom Criteria.' (which is selected). The 'Search by Custom Criteria' section contains input fields for Last Name (TestClient), First Name (Example), Middle Initial, Birth Date (07/12/1970), and Gender (a dropdown menu with options Male, Female, and Unknown). There is also an 'Or Age:' field. At the bottom right, there are 'Search' and 'Clear' buttons. Four numbered callouts provide instructions: 1. Select (points to the 'Search by Custom Criteria' radio button), 2. Complete Information on this page (points to the search fields), 3. Enter approximate age (points to the 'Or Age:' field), and 4. Click (points to the 'Search' button).

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

1. Select

2. Complete Information on this page

3. Enter approximate age

4. Click

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: DMH ID:

☒ Search by Custom Criteria.

Last Name: TestClient

First Name: Example

Middle Initial:


Birth Date: 07/12/1970 Or Age:

Gender:

- Male
- Female
- Unknown


Search Clear

Find a Client: Results Screen

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client Results

Options No records found meeting the criteria specified.

Return


Add Client

2. Click to add a new client

1. This message will appear if the client is new

Filter Clients

Filter By:

Name 

For:

Search

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options: Return

Identification	Contacts	Financial	Other	Groups	XRef	MCaI Benefits
Name Last:		First:		Middle:		
AKA Last:		First:		Middle:		
SSN:		MM Name:		LOC:		
Gender:		DOB:		Age: 0		
Primary Lang:		Pref Lang:				
Marital Status:		Education:				
Ethnicity:		APR:				
Origin:		Tribe:				
Employment:						
Handicap:						
Living Arrngmnt:						
Conservatorship:						
Date Of Death:		English Speaking:	<input type="checkbox"/>			

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE jflynn

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address

Change Provider
Find Client
Daily Log
View Episodes
Check Eligibility
Enroll Client
Eligibility History

Registration
Contacts
Financial
Other
Groups
XRef
MCal Benefits

First: Middle: Last: AKA: SSN: MM Name: LOC: Gender: DOB: Age: 0 Primary Lang: Pref Lang: Marital Status: Education: APR: Tribe: Employment: Handicap: Living Arrngmnt: Conservatorship: Veteran: Date Of Death: English Speaking: ☐

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Click

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add'l Details
+					
1					

Click to add other contacts

Click

Cancel Continue

Address is required if the client is not homeless

Add Client: Other Contact (s) Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Contact Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Last Name: TestContact First: FakeContact Middle:

Contact Type: Family

Address 1: 1212 Example Place

Address 2: Apt. 12

City: Los Angeles

State: CA

Zip:

Phone (Home): (213) 213-1212

Phone (Work):

Email:

DMH Id:

☐ Do not contact

Select if contact person should NOT be contacted

Enter ID if client's children enrolled in Full Service Partnership (FSP)

Click

Save Cancel

Add a Client: Edit Other Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciaabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRef MCal Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add
	TestContact, FakeCont	Family	(213) 213-12		

1

Click to edit

"I" shows the contact info

The trash can deletes information

Click

Cancel Continue

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

Type	Description	ID Number
+		

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

[Return](#)

Type:

Description:

HMO/PHP:

ID Number:

Champus
Client/Family
HMO/PHP
Insurance/Third Party
Medicare
Other County
SD/Medi-cal

Select benefit type

Cancel Save

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled)

Options

[Return](#)

Type: SD/Medi-cal

Description:

HMO/PHP:

CIN: 00000000A

Card Issue Date: 1/1/2006

For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required

Click

Cancel Save

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** **Groups** **XRef** **MCaI Benefits**

SFPR

☒ Provider

☐ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

Click to set the client's SFPR

Click to select a rendering provider name

ADAMS, CASSANDRA-[SFV9368]
AJILORE, OLUSOLA-[SFV4834]-[07/31/2007]
ALI, FARHANA-[SFV4755]
AMES, MICHAEL-[0008022]
ANDERSON, KAREN-[SFV8420]
ANGEL, DONNA-[SFV5042]
ANGLIN, RHONDA-[SFV412]
APPLEBERY, PATRICIA-[SFV3042]
BABAYAN, OFELIA-[SFV4337]
BASSIOUN, AN-[SFV4169]

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical

Client: Tester, ExampleBonny

Client Information

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification Contacts Financial **Other** Groups XRef MCal Bene

SFPR 1904-ANTELOPE V

☐ Provider

☒ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

AB34
ACT
FCCS
Foster Care
FSP-Adult
FSP-Child
FSP-Older Adult
FSP-TAY
Wellness Center

Save Cancel

Click for the Special Program

Click to select the Special Program name

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **X**

SFPR

☒ Provider ADAMS, CASSANDRA-[SFV9368]

☐ Special Program

Birth Information

Last Name: First: Middle:

County: LOS ANGELES State: CA Country: United States

Mother's First Name:

Like Clients

Client ID	Client Name
1	

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

1. If Country is United States, you must select a state

2. If State is CA, you must select a county

Save Cancel

Enroll a Client

The screenshot shows the 'Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH' web application. The 'Clinical' tab is selected in the top navigation bar. The user is logged in as 'jgarciabagues'. The page title is 'Client Information' for 'Client: Testing'. The 'Enroll Client' option is selected in the left sidebar. A pop-up window titled 'Microsoft Internet Explorer' displays a success message: 'Client was successfully enrolled. DMHID'. A callout box points to the 'DMHID' text, stating: 'Once client is enrolled, his /her DMH ID Number appears here'. The 'Client ID' field shows the value '1'. The 'SSN' field is empty. The 'Save' and 'Cancel' buttons are at the bottom right.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciabagues

Client Information

Client: Testing

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups**

SFPR

☒ Provider

Birth Info

Last Name

County

Mother's First Name

Like Client:

Client ID

1

SSN

Save Cancel

Microsoft Internet Explorer

Client was successfully enrolled. DMHID

OK

Once client is enrolled, his /her DMH ID Number appears here

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Check Eligibility

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCaI Benefits**

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

01-Single Education: 12-Twelfth Grade

Ethnicity: 01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☒

Cancel Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Check Eligibility

Client: TestClient , Example (?)

Options
Return
Client Info
Eligibility History

DMH ID: 2265002 Gender: Male

First Name: Example Date of Birth: 07/12/1970

Middle Name: Service Date: 02/02/2008

Last Name: TestClient Card Issue Date: 01/01/2006

Payer: Medi-Cal

Client CIN: 000000000A

Provider PIN:

1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click Submit

Check Eligibility

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB


7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Eligibility - Overview

Client: TestClient , Example

Options

Return

Payer	Client Payer ID	Service Date	Submit Date	Status	Provider ID
MEDI-CAL	000000000A	2/8/2008	2008-02-26 13:14:28		7100

1

The green check mark means the client is Medi-Cal eligible, otherwise you will see a red X

Click to see more details

Eligibility

Remember: Eligibility Checks
are all about Medi-Cal

HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client: ?

Options

[Return](#)

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

You can drill down into the Medi-Cal benefit information

Eligibility History

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

HomeClinicalAdministrativePlanCIOB

1904-ANTELOPE V:1904A-ANTELOPEjgarciabagues

Eligibility - Benefit SummaryClient: ?

Options

Return

Client Payer ID:Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Admission Screen

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options	Identification	Contacts	Financial	Other	Groups	XRef	MCaI Benefits
Return	Name Last: TestClient			First: Example		Middle:	
Change Provider	AKA Last:			First:		Middle:	
Find Client	IM Name:			DOB: 07/12/1970		LOC:	
Daily Log	Primary Lang: 01-English			Pref Lang: 01-English		Age: 37	
View Episodes	Marital Status: 01-Single			Education: 12-Twelfth Grade			
Check Eligibility	Ethnicity: 01-White			Origin:		Tribe:	
Enroll Client	Employment: FC-Full time competitive employment (salaried)						
Eligibility History	Handicap: 00-Not physically disabled/no significant disability						
	Living Arrngmnt: 01-Lives alone in house or apartment						
	Conservatorship:					Veteran: No	
	Date Of Death:			English Speaking: <input checked="" type="checkbox"/>			

Click to view a client's episode

Cancel Continue

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1								

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Open an Episode: Admission Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Open Outpatient Episode

Client: TestClient , Example (?)

Options


Return

Admission **Diagnosis**

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 


Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368] 

CCCP Due Date :

Continue

Referral In Code:
To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit:
When the agency that referred the client has a reporting unit number. This field is optional.

Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact:
Click to select the client's primary clinician

Open an Episode: Admission Screen

Search Rpt Unit

Provider Lookup - Microsoft Internet Explorer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: LP CONTRACT

Organization/Last Name: ENK|

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Click to select

Enter provider name or Rpt Unit number

Click

Done Internet

Open an Episode: Admission Screen

Search Rpt Unit (Cont.)

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Outpatient Epi

Options Serv

Click to select

Client Info

Check Eligibility

Medications

PDF Forms

Close Episode

View Episodes

Provider Lookup

ID	Provider	Org Type	PTP	BP	SL	RP
2305	7360S-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4297	7173V-ENKI/LAPUENTE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4701	7253A-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4704	7253D-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4707	7254A-ENKI/BELL GARD	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4713	7255A-ENKI/PICO UNIO	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4739	7258A-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4742	7258D-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4745	7258M-ENKI Y&F/	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5077	7360A-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 2

Return

Internet

Open an Episode: Admission Screen.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (?

Options

Return

Admission **Diagnosis**

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Click Continue

The provider's information is automatically added from the Search Rpt Unit screen

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

Los Angeles COUNTY | **DEPARTMENT OF MENTAL HEALTH**

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example

Admission **Diagnosis**

Dx Date: 02/08/2008

AXIS I

295.30 - Schizophrenia, Paranoid

AXIS II

AXIS III

AXIS V

☐ 1. Primary Support Group GAF

☐ 2. Social Environment 20

☐ 3. Educational

☐ 4. Occupational Primary:

☐ 5. Housing 295.30

☐ 6. Economic Secondary:

☐ 7. Access to Health Care

☐ 8. Interaction w/ Legal System

☐ 9. Other

☐ 10. Inadequate Information

Cancel Save

Click to view or add notes

Click to find a diagnosis code that is not on the list.

This drop down lists the primary diagnosis codes.

EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368		0	0	

1

Click

To add a service, find the client and the Episode.

Add Services

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

HomeClinicalAdministrativePlanCIOB

1904-ANTELOPE V:1904A-ANTELOPEjgarciabagues

Client Episodes

Client: Example, Client () ?

Options

[Return](#)

[Change Provider](#)

[Find Client](#)

[Client Info](#)

[Client Case Load](#)

[Daily Log](#)

[Check Eligibility](#)

[Open Episode](#)

[Eligibility History](#)

OpenClosed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1904A004	O	7/8/2009	296.54 i	CORTES-E451251 i	6/16/2010	17	1	

1

The service date of last successfully **submitted claim** is displayed here. Last successfully **submitted claim** is based on submit date and NOT on service date.

Confidential patient information, see California Welfare and Institution Code section 5328.

Add Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues

Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

Click to begin entering a service

Add Services

Note: When RP's have a termination date, only dates of service for that date or prior can be billed.

The screenshot shows the 'Add Services' window with the following components:

- Navigation Bar:** Home, Clinical, Administrative, Plan, CIOB.
- Client Information:** 1904-4A-ANTELOPE, Client: Test, Txnmy: [dropdown]
- Options Panel:** Return, Check Eligibility, Claim.
- RP Selection List:** A list of providers with their IDs and termination dates. Callout: "Click to select".

RP Name	RP ID	Termination Date
CORTES, DAVID	[E451251]	
CRIMIN, SUSAN	[E459963]	[01/31/2011]
DHAWAN, KAMAL	[E547780]	
DILSAVER, STEVEN	[LSD9395]	[01/31/2011]
DURZO, NORA	[IND0121]	
ELAM, SUZHANNA	[LSE2594]	
Ellis, Rashunda	[E532981]	
FOGARTY, MATHEW	[LMF9430]	
FRASER, CLIFFORD	[0447149]	
GRAY, GENE	[E279426]	
GREEN, VIRGINIA	[IVG0791]	[01/31/2011]
GREENE, DENISE	[LDG5612]	[01/31/2011]
GUERTIN, MABEL ANN	[0470797]	
HELM, ELIZABETH	[0507414]	[02/01/2011]
HOOPER, BRETT	[E541111]	
HUSSIEN BAKR, MOHAMED	[E550521]	
INAN, ZABRIN	[LZI0307]	[01/31/2011]
ISIGUZO, CHINEK PEREM	[0494456]	
JONES, MAKESHA	[E520695]	
JONES, MARTIN	[E486940]	
KARAMAT, SARAH	[E522350]	
KLEIN, BETH	[LBK4906]	[01/31/2011]
KRUEGER, HAROLD	[0214929]	
LEE, HEE SEUNG	[E544738]	
MENDOZA, RICARDO	[0223100]	
MERIDETH, TONI	[E545178]	
MOZAFARINEZHAD, MARYAM	[E543632]	
NAGATANI, ETSUKO	[E542083]	
OGBECHIE, LAWRENCE	[LLO6662]	[08/04/2011]
OWENS, WILLIAM	[E513484]	
- Evidence Based Practice:** A dropdown menu with options: 00-No EBP/SS, 01-EBP ACT, 10-EBP MST, 11-EBP FFT, 2A-Brf Strat FamTher, 2B-CPP Chld-Prnt Ther. Callout: "Click to select RP's Taxonomy".
- Hours/Minutes:** A table for entering service duration.

Hours	Minutes
- Buttons:** Claim, Save, Cancel.
- Footer:** Confidential patient information, Section 5328.

Add Service

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Outpatient Service

Client: Test,Example()

Options

- Return
- Check Eligibility
- Claim

RP: CORTES, DAVID-[E451251] Txnmy: DOS: 08/01/2011

Rendering Provider Taxonomy -- Webpage Dialog

https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRenderingPro Identified by VeriSign

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Rendering Provider - Taxonomy

- 225400000X -- Rehabilitation Practitioner
- 225400000X -- Rehabilitation Practitioner

Ok Cancel

Confidential patient information

https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRenderingI Internet SSL

Make sure you select the RP's appropriate Taxonomy for the service.

Click ok

Add Services

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, Example()

Options

- Return
- Check Eligibility
- Claim

RP: Txnmy: ☐ DOS:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone ☐ Col: Medicare Certified ☐

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Total Time in Minutes:

Evidence Based

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

You may select up to 3 options.

Add Services

Evidence Based Practice:

00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

Evidence Based Practice:

2F-DTQI-Dep Treat QI
2J-Group CBT Maj Dep
2L-Incredible Years
2M-IPT Depression
2P-Multidim Fam Ther
2R-PCIT

Add Services

■ What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add a Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Options

- Return
- Check Eligibility
- Claim

RP:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Min

Other Time: Hrs Min

Telephone ☐ Col: Medicare Certified ☐

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Add >>

Total Time in Minutes:

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

When done with service, click claim to proceed to the Claim Screen

Or click Save to save service

Check this box if the client, the clinician, and the clinic are all Medicare certified.

Claim Save Cancel

Add Services

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

1904-ANTELOPE V:1904A-ANTEI
jgarciabagues

Outpatient Episode
Client

Options

Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services
Void Services
Diagnosis
Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	10/20/2008	11	105	1	90801	ARROYO-0124939				
	07/23/2008	11	25	1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	04/15/2008			1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

If you saved the service without claiming, click to go back and claim

EXERCISE 10

Add a Claim:

- Add a Plan
- Add Payers/Medicare or OHC
- Detail Adjustment
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim: Add a Plan

Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: TestClient, Example() ?

Options

- Return
- Check Eligibility
- Service

Client Benefits: [Dropdown] Staff Code: E232633

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
03/12/2011	90801			MJ	84	3.16

Claim Amount: 265.44 Late Code: [Dropdown]

SOC Obligation: [Dropdown] Medi-Cal ☐ EVC: [Dropdown] SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order

Medicare / Other Insurance:

Paid Amount	SubscriberID

Click to add a plan

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

Save Cancel

Add a Claim: Add a Plan

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Plans

Client: TestClient , Example () ?

Options

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

ServiceDate: 02/08/2008 Procedure: 90801 Mod1: Mod2: UnitType: MJ Unit: 120

Plans:

Pay Order:

3. Click

1. Scroll to pick a plan

2. Pay Order must be 1

3. Click

This means that your plan was added

Plan Plans:

Plan	Pay Order
CGF	1
+	
1	

If you click to add a second plan per claim, the IS will generate this error message



Add a Claim: Add a Payer/Medicare

Medicare / Other Insurance:

Payer	Paid	SubscriberID
+		
1		

Click blue plus sign to add OHC or Medicare.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Client: Tester , Example (7381A002)

Other Payer

Options
Return

Payer:
SubscriberID:
Payment Date:
Amount Paid:
Auth Code:

Adjustments:
GroupCode:
Reason:
Amount:
Quantity:

Add >>

Group	Reason	Amount	Quantity
1			

Save Cancel

Enter Payer information, click drop down and select whether its OHC or Medicare, and enter all information.

Other Payer/Detail Adjustments Fields

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Client: Tester , Example
(7381A002)

Options

Return

Payer:

SubscriberID: Amount Paid:

Payment Date: Auth Code:

Adjustments:

GroupCode:

Reason:

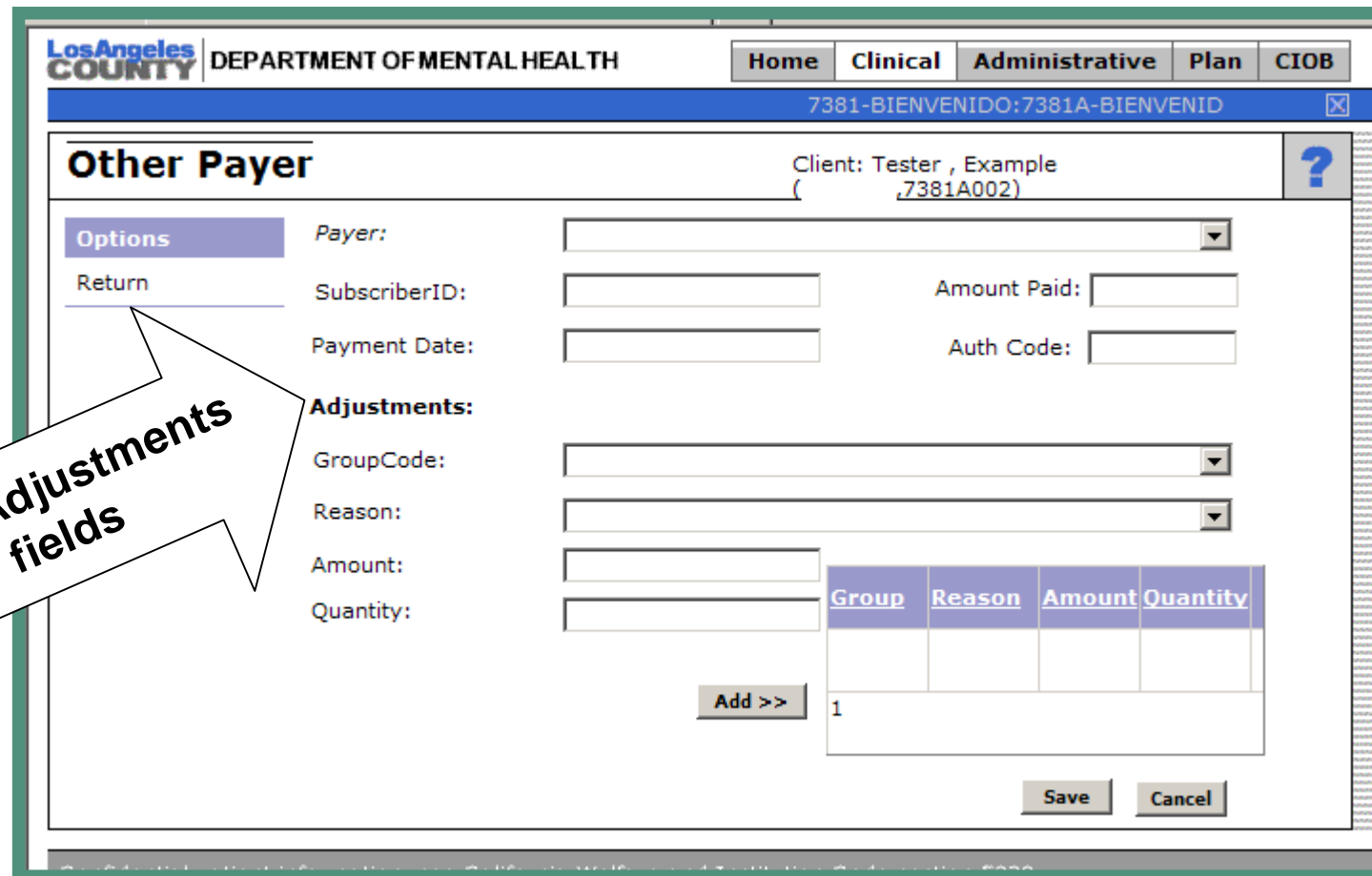
Amount:

Quantity:

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel



Detail Adjustments
fields

Other Payer: Select Group Code

The screenshot shows a web browser window with the URL `https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx`. The page title is "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The browser's address bar shows the URL and a lock icon for "County of Los Angeles [US]". The page has a navigation bar with "Home", "Clinical", "Administrative", "Plan", and "CIOB" tabs. Below the navigation bar is a blue banner with the text "7381-BIENVENIDO:7381A-BIENVENID". The main content area is titled "Other Payer" and contains a form with the following fields:

- Payer:** A dropdown menu showing "Other1 Insurance [07/01/2002]".
- SubscriberID:** A text box containing "1234".
- Amount Paid:** A text box containing "100.00".
- Payment Date:** A text box containing "9/15/2011".
- Auth Code:** An empty text box.
- Adjustments:** A section with a "GroupCode:" dropdown menu. The dropdown is open, showing a list of options: "CO-Contractual Obligations", "CR-Correction and Reversals", "OA-Other Adjustments", "PI-Payer Initiated Reductions", and "PR-Patient Responsibility".
- Reason:** An empty text box.
- Amount:** An empty text box.
- Quantity:** An empty text box.
- Add >>** A button next to a small table with one row containing the number "1".
- Save** and **Cancel** buttons at the bottom right.

A callout box with the text "Select a Group Code" and an arrow points to the "GroupCode:" dropdown menu. At the bottom of the page, there is a footer with the text "Confidential patient information, see California Welfare and Institution Code section 5328."

Other Payer: Select Reason Code

DMHISP | Clinical | Outpatient Episode | Outpa

https://testdmhisintra.co.la.ca.us/Clin

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | C

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEA

Other Payer

Options

Return

Payer:

SubscriberID:

Payment Date:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

1-Deductible Amount
2-Coinsurance Amount
3-Co-payment Amount
4-The procedure code is inconsistent with the modifier use
5-The procedure code/bill type is inconsistent with the pla
6-The procedure/revenue code is inconsistent with the pat
7-The procedure/revenue code is inconsistent with the pat
8-The procedure code is inconsistent with the provider typ
9-The diagnosis is inconsistent with the patient's age. Note
10-The diagnosis is inconsistent with the patient's gender.
11-The diagnosis is inconsistent with the procedure. Note:
12-The diagnosis is inconsistent with the provider type. No
13-The date of death precedes the date of service.
14-The date of birth follows the date of service.
15-The authorization number is missing, invalid, or does n
16-Claim/service lacks information which is needed for ad
17-Requested information was not provided or was insuffi
18-Duplicate claim/service.
19-This is a work-related injury/illness and thus the liabil
20-This injury/illness is covered by the liability carrier.
21-This injury/illness is the liability of the no-fault carrier.
22-This care may be covered by another payer per coordi
23-The impact of prior payer(s) adjudication including pay
24-Charges are covered under a capitation agreement/m
25-Payment denied. Your Stop loss deductible has not bee
26-Expenses incurred prior to coverage.
27-Expenses incurred after coverage terminated.
28-Coverage not in effect at the time the service was prov
29-The time limit for filing has expired.

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Select Reason from drop down

Other Payer: Enter Amount & Quantity

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx

County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/2011 **Auth Code:**

Adjustments:

GroupCode: CO-Contractual Obligations

Reason: W1-Workers Compensation State Fee Schedule Adjustme

Amount: 200.00

Quantity: 3

Group	Reason	Amount	Quantity
1			

Add >> **Save** **Cancel**

Confidential patient information, see California Welfare and Institution Code section 5328.

Enter Amt & Quantity (if any)

Then click to add

Other Payer: w/ Adjustment Info.

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options Payer: Other1 Insurance [07/01/2002]

Return SubscriberID: 1234 Amount Paid: 100.00

Payment Date: 9/15/11 Auth Code:

The Medicare or OHC Amount Paid and Adjustment Amount(s) must balance to the Claim Amount.

There will be an error message if the sum of these does not equal to the Claim Amount.

Group	Reason	Amount	Quantity
CO	W1	200.00	3

Add >>

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Other Payer: w/ Adjustment Info

DMHISP | Clinical | Outpatient Claim | Outpatient Claim - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutPatientServiceClaimDetails.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Claim | Outpatient Claim

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Outpatient Claim

Options Return Check Eligibility Service

Client Benefits: [Dropdown] Staff Code: BCC9867

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
09/02/2011	T1017	HE	HS	MJ	102	1.78

Claim Amount: 181.56 Late Code: [Dropdown]

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
Other1	100.00	1234

Submit Save Cancel

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options Payer: Other1 Insurance [07/01/2002]

Return SubscriberID: 1234 Amount Paid: 100.00

Payment Date: 9/15/11 Auth Code: [Text]

Adjustments:

GroupCode: [Dropdown]

Reason: [Dropdown]

Amount: [Text]

Quantity: [Text]

Group	Reason	Amount	Quantity
CO	W1	200.00	3

Add >>

1

! - COB (\$300) does not balance to the Claim Amount (\$181.56)

OK

Add Claim

DMHISP | Clinical | Outpatient Claim | Outpatient Claim - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutPatientServiceClaimDetails.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Claim | Outpatient Claim

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Outpatient Claim

Options
Return
Check Eligibility
Service

Client Benefits: [Dropdown] Staff Code: BCC9867

Service Date: 09/02/2011 Procedure: T1017 Mod1: HE Mod2: HS Unit Type: MJ Units: 102 Rate: 1.78

Claim Amount: 181.56 Late Code: [Dropdown]

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address: [Dropdown] EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
Other1	100.00	1234

1

Click to Submit

Submit Save Cancel

Or click save to save claim and submit later

Confidential patient information, see California Welfare and Institutions Code section 5328.

Add a Claim

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV C

jgarciabagues

Outpatient Episode

Client:TestClient,Example()

?

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Void Services

Diagnosis

Admission

	Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				

1

Click to see claim status

You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under “S” Column in Episode Screen

Claim Status Icon under ‘S’ column in the Episode Screen

- (Red) Denied Claim
- (Green) Approved
- Pending
- Claim Saved, not yet Submitted
- Service Saved, not yet Claimed
- Forwarded
- Pending Adjudication
- Submitted
- Pending CPE

Click to view status

Click to view status

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Staff	Procedure	Admission	S
90806			
90804	BEN	2633	
90801	BEN	2633	
90801	BENNETT	232633	
90801		232633	

Sample of Claim Status with new added CPE Fields

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:		Status:	
Submit Date:	06/09/2009	Adjudication Date:	06/09/2009
Submit Source:	Clinical UI	Void Status:	
		Claim Type:	ORIGINAL

Service Begin Date:	06/05/2009	Service End Date:	06/05/2009	Client Paid:	0.00
Claim Amount:	174.30	Private Ins Paid:			
Contracted Amt:	174.30	Medicare Paid:			
CPE Contract Amt:		Medi-Cal Paid:			
		DMH Local Amt:	174.30	CPE Threshold Action:	
				CPE Release Type:	

Deny Source:		Deny Rule:	
Deny Group:		Deny Rule Description:	
Deny Reason:			

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

highlighted fields are the new added fields

EXERCISE 11

Void and Replace:

- Void a Claim
- Replace a Claim

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Options

Return
Find Client
Client Info
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services

Service
02/08/2008
1

Click to begin voiding a claim

Outpatient Service

Client: TestClient,Example

Options

Return
Claim

RP: ADAM
Procedure Code: 1001-Psych Diagnostic Serv
Place Of service: Office
Face To Face Time: 1 Hrs 30 Minutes
Other Time: 0 Hrs 30 Minutes
Telephone Col: Medicare Certified

Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
50-SS Peer &/or Fam
51-SS Psy/Edu

Last Claim Info.
Claim ID: 30514880
Submit Date: 02/26/2008

Additional Participating Staff

Total Time for this Staff:
0 Hrs 0 Minutes
Add >>>

Total Time in Minutes: 120

Name Hours Minutes
1

Claim Save Cancel

Void Claims

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1904-ANTELOPE V:1904A-ANTELOPE

Outpatient Claim

Client: TestClient, Example () ?

Options

Return

Service

Client Benefits: SD/Medi-cal: Staff Code: E414029

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/11/2011	90801			MJ	84	3.16

Claim Amount: 265.44 Late Code:

SOC Obligation: 0.00 Medi-Cal ☐ EVC: SED Healthy Families ☐

Last Claim Info.

Claim ID: 49406... i

Submit Date: 03/17/2011

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1
1	

Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
1		

Benefits

HMO/PHP:A

1

Click to void

[Replace](#) [Void](#) [Submit](#) [Save](#) [Cancel](#)

Void Claims

The screenshot displays the 'Outpatient Episode' interface. At the top, the header includes 'Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH' and navigation tabs: 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB'. The 'Clinical' tab is active. Below the header, there's a search bar with 'INTELOPE V:1904A-ANTEI' and a user dropdown 'jgarciabagues'. A callout box points to the 'Void Service' tab, stating 'Click to view voided claims'. The left sidebar contains 'Options' like 'Return', 'Find Client', 'Client Info', 'Check Eligibility', 'Medications', 'Close Episode', and 'View Episodes', along with a 'Filter Service Date' section with 'From Date' and 'To Date' input fields and a 'Search' button. The main content area shows a table with columns: 'Service Date', 'POS', 'Total Time', '# Staff', 'Procedure', 'Rendering Provider', 'M', 'S', 'C', and 'V'. A single row is visible with the following data: '02/11/2011', '11', '84', '1', '90801', 'CLEMENT-E414029', 'M', 'S', 'C', and 'V'. A callout box points to the 'V' column header, stating 'Click to see the status'. Another callout box points to the 'V' value in the row, stating 'V stands for Voids' and '•If R, status is requested' and '•If P, status is processed'.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

INTELOPE V:1904A-ANTEI jgarciabagues

Outpatient Episode

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services Void Service Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
02/11/2011	11	84	1	90801	CLEMENT-E414029				V

Click to view voided claims

Click to see the status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claims

Claim Status -- Web Page Dialog

Los Angeles COUNTY | DEPARTMENT OF

The claim has been approved.

The claim was requested to be voided.

Claim Status

Claim ID:	30514880	Status:	APPROVED
Submit Date:	02/26/2008	Adjudication Date:	02/26/2008
Submit Source:	Clinical UI	Claim Type:	ORIGINAL
		Void Status:	REQUESTED

Service Begin Date:	02/08/2008	Service End Date:	02/08/2008	Client Paid:	0.00
Claim Amount:	270.00	Private Ins Paid:			
Contracted Amt:	270.00	Medicare Paid:			
		Medi-Cal Paid:			
		DMH Local Amt:	270.00		

Deny Source:		Deny Rule:	
		Deny Rule Description:	

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Outpatient Episode

Client: TestClient, Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility

Services Void Service Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
1	02/08/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i	R

This means the claim was replaced. Click to see claim cycle or submission history

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Outpatient Claim Cycle

Client: TestClient , Example () ?

Options

- Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

SFV9368 02/08/2008 90801 MJ 120 2.25

#	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
1	2/8/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i
2	2/8/2008	11	120	1	90801	ADAMS-SFV9368		VP	i

Here is the Information.

Replace Claims

This means the claim is denied and can be replaced.

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A

jbagues

Outpatient Episode

Client: TestClient , Example () ?

Options

Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	S	C	D
	01/07/2008	12 <i>i</i>	345	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/04/2008	12 <i>i</i>	370	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/02/2008	12 <i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/28/2007	12 <i>i</i>	475	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/27/2007	12 <i>i</i>	330	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/26/2007	<i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			

1 2 3 4 5 6 7 8 9 10 ...

Click to open the service and go to the claim

Replace Claims

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A jbaques

Outpatient Service

Client: ClientTestClient , Example

Options: [Return](#) [Check Eligibility](#) [Claim](#)

Click to go to the Claim screen

Procedure Code: H2019-Therapeutic Behavior Serv

Place Of service: Home

Face To Face Time: 5 Hrs 45 Minutes

Other Time: 2 Hrs 10 Minutes

Telephone ☐ Col: 2 Medicare Certified ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Last Claim Info. Claim ID: Submit Date: 01/09/2008

Additional Participating Staff

Total Time for this Staff: 0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 475

Name	Hours	Minutes
1		

Claim Save Cancel

Replace Claims

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

7286-FIVE ACRES:7286A-FIVE ACRE

Outpatient Claim

Client: TestClient , Example
()

?

Options

Return

Check Eligibility

Service

Last Claim Info.

Claim ID:

Submit Date: 01/09/2008

Benefits

EPSDT:1/2007
EPSDT:10/2007
EPSDT:11/2007

1 2 3 4 5

Client Benefits

ServiceDate

Procedure

Mod1

Mod2

UnitType

Units

Rate

Claim Amount:

1035.50

ClientAmtPaid:

0.00

Healthy Families

Claim Plans:

Plan	Pay Order
CGF	1
+	
1	

Staff Code:

Late Code:

Medi-Cal

☒

EVC:

Medicare

☐

AmountPaid:

Other Insurance:

Payer	Paid Amount	SubscriberID
+		
1		

Click after making corrections

Replace

Void

Submit

Save

Cancel

Replace Claims

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTE jflynn

Outpatient Episode

Client TestClient , Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Filter Service Date
 - From Date
 - To Date
 - Search

Services Void Services Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering				
09/12/2006	11	70	1	90804	ALVEY-E447588				
09/11/2006	11	75	1	90804	ALVEY-E447588				
09/10/2006	11	85	1	90804	ALVEY-E447588				
07/01/2006	53	151	1	90802	AMBROSIO-E261358				
07/01/2006	33	30	1	90801	ALVEY-E447588				
01/01/2006	53	151	1	90802	AMBROSIO-E261358				

1 2

This means that the claim was replaced

Confidential patient information, see California Welfare and Institution Code section 5328.

Replace Claims

On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Outpatient Episode

Client:TEST,PATS

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications**
- Close Episode
- View Episodes
- Search Service Date
- From Date
- To Date
- Search

Services

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+									

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Current

Client:TEST,PATS

Options
Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM/MS	Medication	Strength	Qty	Status
1								

This is the main Meds screen...notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Rx Card Info

Client: TEST,PATS

Options

Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
<u>Card Number</u>	<u>Active Date</u>	<u>Inactive Date</u>			
1223848	02032009				

Click

Click

Add

Card Number: 1223848

Returning Clients should have An RX card number, but if not you enter it and click "Add" Next: Drug Allergies....

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Medication	Drug Name Type
1	

If the client is allergic to meds, list them here, type the medication and select the drug name type.

Medication: Tylenol

Drug Name Type: Generic Name
Generic Name
Trade Name

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Medication	Drug Name Type
TYLENOL 1	T

You will see the medication you just added with the drug name type. Next, Med Orders...

Click

Medication: Tylenol

Drug Name Type: Trade Name

PATSS028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order

Client: TEST,PATS

Options Return

Current History Write Rx **Med Order** Drug Allergies Rx Card Info

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01]

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue Renew Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Click Save Next

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications History

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

?

Options

Return

Current




History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A	
1										

This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options
Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1

Number of Units: 1

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Other Instructions:

Primary Dx: 295.30
Secondary Dx: 301.50

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Click, to resolve AR status

Click

Save Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Prescribing Medications: Approval

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	AR	
03	M0001	020109				BENZTROPI	1 MG/ML		A	
1										

“AR” means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to “Approved”

Click

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Review

Client: TEST , PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
Client Name: PATS TEST Strength: 1 MG Prescribing Medical Staff: BOGOST					
Medication: LORAZEPAM Quantity: 30.00					
Description					
01 UNUSUAL MED FOR DIAGNO					
1					

Physician Conference

Date:

Physician:

Status:

Approved

Disapproved

Unresolved

Supervisor Conference

Date:

Physician:

Status:

Click

2. Enter the physician's ID number

1. Enter the approved date

3. Select the status

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

	Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info				
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020109	020309	i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	

Click here to do a Renew/Refill

Fill date is required

Renew/Refill is a snap: Just click on the prescription number, change the date and other information!

Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options
Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

Lost/Discontinue

Click

Delete Renew Next

Enter a new prescription date
This information can also be changed.

x: 295.30
y: 301.50

Prescribing Medications- Lost & Discontinue

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST, PATS

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Primary Dx: 295.30

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other In: **Lost/Discontinue**

Primary Dx: 301.50

Lost Discontinue Neither

Renew Next

Medications History

Options Return

L#	Rx #	Rx Date
01	P0078	042507
02	P0076	021507
03	P0077	021507
04	P0074	020207
05	P0075	020207
06	P0072	122106
07	P0073	122106
08	P0070	102606
09	P0071	102606
10	P0068	092806
11	P0069	092806
12	P0066	081006
13	P0067	081006
14	P0064	070606
15	P0065	070606

Confidential patient info

1 2 3 4 5 6

Click

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>	D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368	2/8/2008	1	0	

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues






Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Search Service Date**
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				
										

1

Click

Close an Episode

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The page title is "Close Outpatient Episode" for Client: TestClient , Example. The form has two tabs: "Discharge" (selected) and "Diagnosis".

Annotations:

- Referral Out Code** is used to identify the agency or person the client is being discharged to. (Points to the "Referral Out Code" dropdown menu.)
- Referral Out Rpt Unit** is used when the referred agency has a reporting unit number. (Points to the "Referral Out Rpt Unit" input field.)
- Click to search for referral out Rpt. Unit. See examples on the next page. (Points to the magnifying glass icon next to the "Referral Out Rpt Unit" field.)

Form Fields:

- Discharge Date: 02/08/2008
- Referral Out Code: Client moved away
- Referral Out Rpt Unit: (Empty field)
- Legal Status: (Empty dropdown)

Buttons: Continue

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELC jgarciabagues

Close Outpatient Episode

Client: () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

https://testdmhisintra.co.la.ca.us - Provider Loo...

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Confidential patient information

Done Internet

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options

Return

Discharge **Diagnosis**

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Parano...	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
		295.30
		Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction w/ Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Cancel Save

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:

Select an item:

- 315.1 - Mathematics Disorder
- 315.2 - Disorder of Written Expression
- 315.32 - Mixed Receptive-Expressive Language Disorder
- 315.9 - Learning Disorder NOS
- 315.4 - Developmental Coordination Disorder
- 315.31 - Expressive Language Disorder
- 315.39 - Phonological Disorder
- 315.00 - Reading Disorder

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Highlight and click "Select"

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options Discharge **Diagnosis**

Return

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Parano...	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
	<input type="checkbox"/> 5. Housing	295.30
	<input type="checkbox"/> 6. Economic	Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction with Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Click

Cancel Save

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Discharge Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>
7100A001	O	2/8/2008	2/8/2008	295.30	ADAMS-SFV	2/8/2008	1	0

1


Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 X

Find Client

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: ID:

☒ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:


Birth Date: Or Age:

Gender:

Click to start creating and managing groups

Search Clear

Create a Group

Address  b/GroupView

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

View Groups

Options

- [Return](#)
- [Change Provider](#)
- [View Groups](#)**
- [Search Groups](#)
- [Create Group](#)
- [Daily Log](#)

Filter Groups

Filter By:

For:

Group ID	Name	Location	Day	Time	Duration	Provider	Waitlist	Lang
1071	Fun Name	1904-ANTELOPE V	DAI	10:00 AM	10 min	ALVEY-E447588	2/10	01-English
1029	Test Group JJF	1904-ANTELOPE V	DAI	9 AM	20 min	SINGEN-E437190	1/50	01-English
1093	Older Wh...	1904-ANTELOPE V	DAI	2:00P	30 min	ALVEY-E447588	2/10	01-English
1084	IS Users Who Are Learning Groups	1904-ANTELOPE V	DAI	9:00	60 min	ISIGUZO-0494456	1/15	01-English
1056	Shakey	1904-ANTELOPE V	THU	5:00P	45 min	AMBROSIO-E261358	2/15	01-English
1060	Stress Management	1904-ANTELOPE V	WED	1:00 P.M>	90 min	SHIH-0200742	3/3	01-English

1 2 3 4 5 6

Total Groups Returned: 6

Click to create a group

All groups for this location are listed here. You can search or filter to find a group and enter services.

Create a Group: Details

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical

7100-SFV CMHC CENTE:7100

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details | Leads | Census | Attendance Hx | Sy

Group ID: Group Type:

Group Name:

Description:

Targeted Clients:

Location:

Group Day: Group Time:

Approximate Duration:

Begin Date: End Date:

Max Attendees:

Procedure:

Language:

Click

Cancel Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

The date the group began to meet

The date the group schedule will expire

Maximum group attendees should be at least 2 and no more than 25

Create a Group: Leads

The image shows two overlapping screenshots of a web application for the Los Angeles County Department of Mental Health. The top screenshot is titled 'Group Leads' and the bottom screenshot is titled 'Add Staff to Group'.

Group Leads Screenshot:

- Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx>
- Navigation: Home, Clinical, Administrative, Plan, CIOB
- Page Header: 1904-ANTELOPE V:1904A-ANTELOPE student1
- Section: **Group Leads**
- Options: Return, Change Provider, View Groups, Add Group Session, Search Group, Create Group, Daily Log
- Details: Staff Name

Add Staff to Group Screenshot:

- Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx>
- Navigation: Home, Clinical, Administrative, Plan, CIOB
- Page Header: 1904-ANTELOPE V:1904A-ANTELOPE student1
- Section: **Add Staff to Group**
- Options: Return
- Form Fields: Last Name: [text input], First Name: [text input]
- Buttons: Clear, Search

Callouts:

- Click to search for a lead to add:** Points to the '+' icon in the 'Staff Name' field of the 'Group Leads' page.
- Enter a last name or part of a name:** Points to the 'Last Name' input field in the 'Add Staff to Group' page.
- Click:** Points to the 'Search' button in the 'Add Staff to Group' page.

Create a Group: Leads

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC X

Add Staff to Group

Options

Return

Click

	Name	Location	Expired
1	ADAMS-SFV9368	7100A-SFV CMHC	

Total staff in Leads and total clients in Census should be below 25 people; more than recommended will slow down the system.

Click

Finish New Search

Create a Group: Census

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Staff Name	
ADAMS-SFV9368	
+	
1	

Click to add clients to the census

Total Staff: 1

or click to continue

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Census

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Name	Location	Primary Dx	Phone	Primary
+				
1				

Click to search clients to add to a group

Total Clients: 0 Max Attendees: 25

Continue

Create a Group: Census

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Find Clients To Add

Options

Return

☒ Search by ID.

Type: DMH ID: 0000000

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age: Axis I:

Gender: Axis II:

Ethnicity:

Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

** For optimal performance, a maximum of 500 records will be returned from the search result.

Search Clear

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Add Clients to Group Census

Options

Return

	Client ID	Client Name	Gender	SSN	DOB	Phone
Add			Male	999999999	07/12/1970	
1						

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish New Search

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Census

Options

Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details Leads Census Attendance Hx Syllabus

Name	Location	Primary Dx	Phone	Primary	
Test example	7100-SFV CMHC CENTE	Schizophrenia, Paranoid Type		ADAMS-SFV9368	
+					
1					

Click to add more clients

Total Clients: 1 Max Attendees: 25

Click

Continue

Add Group Session

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
+			
1			

Click on either options to add a group session

Continue

Add Group Session: Providers

The screenshot shows a web application interface for adding group session providers. At the top, there is a navigation bar with tabs: 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB'. Below this is a header area with the text '7100-SFV CMHC CENTE:7100A-SFV CMHC'. The main title of the page is 'Providers'. On the left, there is a sidebar with an 'Options' section containing a 'Return' link. The main content area has two tabs: 'Providers' (selected) and 'Clients'. Under the 'Providers' tab, there is a section titled 'Add provider:' with a dropdown menu showing 'ADAMS-SFV9368'. Below this are two buttons: 'Add >>' and 'Add All >>'. To the right of the dropdown, there is a 'Date:' field and a 'Total Time:' section with 'Hours' and 'Minutes' input boxes. At the bottom right, there is a 'Continue' button. Five numbered callouts provide instructions: 1. 'Enter date of service' points to the 'Date:' field. 2. 'Names of staff participating in this group are displayed here' points to the dropdown menu. 3. 'Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time' points to the 'Total Time:' section. 4. 'Click to add the staff's time to the list' points to the 'Add >>' button. 5. 'Click' points to the 'Continue' button.

2. Names of staff participating in this group are displayed here

1. Enter date of service

4. Click to add the staff's time to the list

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

5. Click

Continue

Add Group Session: Clients

1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

- 3.
- Enter a number if collateral is present.
 - For collateral type, enter whether "Family or Non-Family".
 - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

DEPARTMENT OF MENTAL HEALTH
7100-SFV C

Session - Clients

Options
Return

Client: Test, Example ☒ Present Date: 2/8/2008
Resp. Lead: ADAMS-SFV9368 Duration: 30
Collateral: 0
Collateral Type: Add >>
Non DMH Group Member: Add Non DMH Client

Name	Collateral	NonDMH	Resp Lead
1			

Continue

Add Group Session: Non DMH Clients

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Add Group Session - Clients

Options

Return

Providers **Clients**

Client: Test, Blue ☒ Present Date: 10/24/2008

Resp. Lead: GRAY-E279426 Duration: 0

Collateral: 0

Collateral Type: Add >>

Non DMH Group Member: 3 Add Non DMH Client

Name	Collateral	NonDMH	Resp Lead
Example	0		ARROYO-0124939
Tester, Tersteree	0		ARROYO-0124939
1	0	X	
2	0	X	
Tester, Exampleone	0		GRAY-E279426
1			

Continue

1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Group Session - Confirm

Options

Return

Date: 02/08/2008 Duration: 30

Name	Col	Collat. Type
<input checked="" type="checkbox"/> Test, Example	0	

1

of DMH Clients Represented: 1
of Group members not enrolled in DMH: 0

Name	Hours	Minutes
ADAMS-SFV9368	1	30

1

Total # of Minutes: 90

Cancel OK

Click

All clients' name would be listed here.

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Attendance

?

Options

Return

Change Provider

View Groups

Add Group Session

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
02/08/2008	1	1	1
+			
1			

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Continue

Add Group Session: Billing

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMH jgarciabagues

Group Attendance History

Options

Return

Date: 02/08/2008 Duration: 30

Present?	Client ID	Name	Col	Collat. Type
X		Test, Example	0	

1

0

tes

Total # of Minutes: 90

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Group Syllabus

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The header includes the department name and a navigation bar with tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. Below the header, a blue bar displays the location '7100-SFV CMHC CENTE:7100A-SFV CMHC' and the user 'jgarciaabagues'. The main title 'Group Syllabus' is prominently displayed. On the left, an 'Options' menu lists actions like Return, Change Provider, View Groups, Add Group Session, Search Groups, Create Group, and Daily Log. The central area has tabs for Details, Leads, Census, Attendance Hx, and Syllabus (selected). A large text area for notes is highlighted with a green box and the text 'This is where you write notes'. At the bottom, there are 'Clear', 'Restore', and 'Save' buttons. A callout box labeled 'Click' points to the 'Save' button.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Syllabus

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx **Syllabus**

This is where you write notes

Click

Clear Restore Save

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical A 7100-SFV CMHC CENTE:7100

Daily Log - Search

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load

Rendering Provider

Service Date

Click

Select rendering provider

Select service date

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB 7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log

Selected Date: 02/06/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368] ?

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
	Test, Example	02/06/2008	11	104	1	90801	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to go to COS screen

Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.
- On the Find Client screen you will see the Daily Log link under the Options menu.
- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.
- On the Daily Log screen, click on Add Comm. Svs. under Options.
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE VALLEY

Add Community Service

Options

Return

Date of Service: RP:

Service Recipient Type: # of People Contacted:

Service Location Information: Service Type Desc:

Ethnicity: Origin:

Primary Lang: Tribe:

Program Area: Age Category:

Handicap: Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Add >>

Name
1

Save Cancel

Complete this page according to your COS sheets

Confidential patient information, see California Welfare and Institution Code section 5328.

Community Outreach Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
N/A	N/A	02/08/2008		1	1	Community Client Services <i>i</i>			
	TestClient, Example	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Test, Example	02/08/2008	11 <i>i</i>	90	1	90853 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.

Note: you can access past services through the daily log.

Edit Community Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options DOS: 2/8/2008 RP: ADAMS, CASSANDRA-[SFV9368]

Return Service Recipient Type: CalWORKs # of People Contacted: 5

Service Location Information: Ethnicity: 03-Hispanic Primary Lang: 01-English Service Type Desc: Origin: Mexico Tribe: Age Category: 25-44 Duration (FMI): 3

Program Area: Disaster Response Handicap: 00-Not physically disabled/no significant

Funding Source: CGF Service Code: Community Client Services

Additional Participating Staff

Add >>

Name
1

Click

Save Cancel